

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Employer identification number

****-***1786**

FRANCES MAHON DEACONESS HOSPITAL

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			747,360		747,360	1.70
b Medicaid (from Worksheet 3, column a)					0	0.00
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial assistance and means-tested government programs			747,360		747,360	1.70
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			182,775	2,200	180,575	0.41
f Health professions education (from Worksheet 5)						0.00
g Subsidized health services (from Worksheet 6)			4,301,187	2,394,852	1,906,335	4.34
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			334,550		334,550	0.76
j Total. Other benefits			4,818,512	2,397,052	2,421,460	5.52
k Total. Add lines 7d and 7j			5,565,872	2,397,052	3,168,820	7.22

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total					0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	17,655,959
6 Enter Medicare allowable costs of care relating to payments on line 5	6	17,737,788
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-81,829
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians – see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers', directors', trustees', or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: **FRANCES MAHON DEACONESS HOSPITAL**

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>24</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.FMDH.ORG</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>WWW.FMDH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: **FRANCES MAHON DEACONESS HOSPITAL**

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW . FMDH . ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW . FMDH . ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW . FMDH . ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: **FRANCES MAHON DEACONESS HOSPITAL**

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: **FRANCES MAHON DEACONESS HOSPITAL**

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 3e
 "Areas of Opportunity" represent the significant health needs of the community based on the information gathered through the Community Health Needs Assessment.

Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 5
 TO SOLICIT INPUT FROM INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THE CHNA PROCESS AND SENT TO A LIST OF RECOMMENDED PARTICIPANTS INCLUDING PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PRACTITIONERS AND A VARIETY OF OTHER COMMUNITY LEADERS. ALSO, INPUT WAS GATHERED FROM INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, AND OTHER MEDICALLY UNDERSERVED POPULATIONS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. THE PARTICIPANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 45 COMMUNITY REPRESENTATIVES TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. THE INPUT WAS GATHERED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. ON BEHALF OF FRANCES MAHON DEACONESS HOSPITAL IN THE SPRING OF 2025.

Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 6b
 VALLEY COUNTY PUBLIC HEALTH DEPARTMENT

Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 11
 THE ONLINE KEY INFORMANT SURVEY PRESENTED THE PARTICIPANTS WITH VARIOUS HEALTH TOPICS AND WERE ASKED TO RATE EACH AS A MAJOR PROBLEM, MODERATE PROBLEM, MINOR PROBLEM, OR NOT A PROBLEM AT ALL IN THEIR OWN COMMUNITY. THESE RESULTS WERE SUMMARIZED AND THROUGH A MEETING WITH INTERNAL TEAM MEMBERS AND COMMUNITY STAKEHOLDERS, PRIORITIZATION WAS ACCOMPLISHED USING A PRIORITIZATION EXERCISE THAT GAUGED THE SCOPE & SEVERITY OF THE ISSUES AS WELL AS THE ABILITY OF FRANCES MAHON DEACONESS HOSPITAL TO HAVE SIGNIFICANT IMPACT ON EACH ISSUE. THROUGH DISCUSSION, A CONSENSUS WAS REACHED TO ESTABLISH THE FOLLOWING AS PRIORITIES FOR FRANCES MAHON DEACONESS HOSPITAL TO ADDRESS IN ITS IMPLEMENTATION STRATEGY IN THE COMING YEARS: MENTAL HEALTH, HEART DISEASE & STROKE, AND DIABETES.

THE FIRST HEALTHCARE ISSUE IS TO EXPAND ACCESS TO MENTAL HEALTH CARE AND STRENGTHEN PREVENTION, EARLY INTERVENTION, AND ONGOING SUPPORT. THE GOALS ARE TO REDUCE STIGMA AND INCREASE COMMUNITY AWARENESS OF AVAILABLE MENTAL HEALTH RESOURCES AND BUILD AND RETAIN A QUALIFIED MENTAL HEALTH WORKFORCE THROUGH SIX STRATEGIES WHICH ARE SERVICE AWARENESS AND ACCESS, INCREASE AWARENESS OF SELF REFERRAL OPTIONS, COMMUNITY STIGMA REDUCTION CAMPAIGN, MENTAL HEALTH AWARENESS WALK, SLASH THE STIGMA ICE HOCKEY TOURNAMENT, AND STEPPING ON FALLS PREVENTION CLASS.

THE SECOND HEALTHCARE ISSUE IS TO REDUCE CARDIOVASCULAR EVENTS THROUGH BLOOD PRESSURE CONTROL, RAPID EMERGENCY RECOGNITION, AND STRONG REHABILITATION SUPPORT. THE GOALS ARE TO INCREASE DETECTION AND CONTROL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HYPERTENSION AND OTHER RISK FACTORS, IMPROVE QUALITY OF ACUTE CARDIAC AND STROKE CARE, AND ENHANCE ADHERENCE TO CARDIAC REHAB AND LIFESTYLE CHANGE PROGRAMS THROUGH FOUR STRATEGIES WHICH ARE COMMUNITY BLOOD PRESSURE CLINICS, WEEKLY CORE COMPONENT CLASSES, SUPPORT PERSON MODEL IN CARDIAC REHAB, AND CCM REFERRAL REVIEW FOR REHAB ENROLLMENT.

THE THIRD HEALTHCARE ISSUE IS TO PREVENT TYPE 2 DIABETES AND IMPROVE MANAGEMENT AMONG DIAGNOSED PATIENTS THROUGH LIFESTYLE CHANGE, EDUCATION, AND COORDINATED CARE. THE GOALS ARE TO INCREASE EARLY IDENTIFICATION OF PRE-DIABETES AND DIABETES AND IMPROVE SELF MANAGEMENT AND A1C CONTROL THROUGH THREE STRATEGIES WHICH ARE LIFESTYLE & NUTRITION EDUCATION, WEEKLY CORE COMPONENT CLASSES, AND SCHOOL & YOUTH PREVENTION INITIATIVE.

THE FOLLOWING ELEVEN SIGNIFICANT HEALTH NEEDS THAT EMERGED FROM THE CHNA PROCESS WILL NOT BE ADDRESSED THROUGH THE IMPLEMENTATION STRATEGY, BUT FMDH IS ALREADY PROVIDING CERTAIN SERVICES AND RESOURCES RELATED TO THESE NEEDS WHICH ARE LISTED AFTER EACH HEALTH NEED BELOW.

1. NUTRITION, PHYSICAL ACTIVITY & WEIGHT (RANKED 6th) - THE ADVISORY COMMITTEE BELIEVES INITIATIVES OUTLINED FOR HEART DISEASE & STROKE AND DIABETES WILL ALSO DRIVE IMPROVEMENTS IN DIET, ACTIVITY, AND WEIGHT. CREATING A SEPARATE PROGRAM WOULD DUPLICATE EFFORT AND STRAIN LIMITED STAFF AND FISCAL RESOURCES. FMDH SPONSORED HEALTHY MENU TIPS IN THE GLASGOW COURIER, MONTHLY DANCES AND COMMUNITY GARDEN AT PRAIRIE RIDGE VILLAGE, AND THE SCHOOL FRESH FRUIT AND VEGGIE PROGRAM. ALSO, WE PROVIDED FREE BLOOD PRESSURE CLINICS SIX TIMES PER MONTH AND DONATED TO THE CITY OF GLASGOW'S RECREATION DEPARTMENT.

2. SUBSTANCE ABUSE (RANKED 2nd) - SUBSTANCE USE TREATMENT AND PREVENTION IN OUR REGION ARE LED BY THE VALLEY COUNTY HEALTH DEPARTMENT AND EASTERN MT COMMUNITY MENTAL HEALTH CENTER. GIVEN FMDH'S LACK OF INPATIENT DETOX OR MAT SERVICES AND THE AVAILABILITY OF EXISTING COMMUNITY RESOURCES, THE ADVISORY COMMITTEE RANKED THIS A LOWER PRIORITY FOR DIRECT HOSPITAL ACTION. FMDH OFFERED FREE NARCAN TRAININGS DURING THE FISCAL YEAR.

3. CANCER (RANKED 5th) - REGIONAL ONCOLOGY SERVICES ALREADY PROVIDE SCREENING, INFUSION, AND NAVIGATION. ADVISORY COMMITTEE MEMBERS AGREED THAT, RELATIVE TO OTHER AREAS OF OPPORTUNITY, CANCER PRESENTED A LOWER GAP FMDH COULD UNIQUELY FILL WITH CURRENT RESOURCES. FMDH CONTINUES TO PROVIDE MAMMOGRAPHY SERVICES, A CHEMOTHERAPY DEPARTMENT (SUBSIDIZED SERVICES), AND WE STAFF GENERAL SURGEONS. WE ALSO BRING IN AN ONCOLOGIST IN THE OUTREACH CLINIC ON A MONTHLY BASIS. THESE SERVICES HELP WITH EARLY DETECTION AND TREATMENT.

4. ACCESS TO HEALTH CARE SERVICES (RANKED 12th) - ACCESS BARRIERS (INSURANCE, TRANSPORTATION, WORKFORCE) ARE BEING TACKLED THROUGH ONGOING INITIATIVES. THE COMMITTEE FELT DESIGNATING AN ADDITIONAL, STAND-ALONE OBJECTIVE WOULD DILUTE EFFORT WITHOUT ADDING MEASURABLE BENEFIT. FMDH OFFERED CPR/AED/FIRST AID TRAINING AND PROVIDED EMT CLASSES TO THE COMMUNITY. WE HAD 24/7 COVERAGE FOR SPECIALTY CARE (OBGYN, ORTHO, AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GENERAL SURGERY) INCLUDING OUTREACH CLINICS IN BOTH MALTA AND WOLF POINT. WE SPONSORED THE CAMP MED PROGRAM, BLOOD DRIVES, SAIL AND STEPPING ON CLASSES, AND THE VALLEY COUNTY BACKPACK PROGRAM. ALTHOUGH THE COMMUNITY INTEGRATED HEALTH PROGRAM WITH THE STATE OF MONTANA ENDED DURING THE PRIOR FISCAL YEAR, OUR ORGANIZATION CONTINUED TO PROVIDE AN EMERGING FIELD IN HEALTHCARE TO NORTHEAST MONTANA. IN THIS FIELD EMTS OPERATE IN EXPANDED ROLES TO CONNECT UNDERUTILIZED RESOURCES WITH UNDERSERVED POPULATIONS OR GAPS IN CARE IN A COMMUNITY. EMPHASIS IS PLACED ON CHRONIC DISEASE MANAGEMENT INCLUDING DIABETES, HEART DISEASE, AND ASTHMA.

5. INFANT HEALTH & FAMILY PLANNING (RANKED 11th) - VALLEY COUNTY, WIC, VCHD, AND TRIBAL PUBLIC HEALTH PROGRAMS ALREADY LEAD PRENATAL, POSTPARTUM, AND FAMILY PLANNING SERVICES. FMDH WILL CONTINUE TO REFER PATIENTS BUT LACKS THE CAPACITY TO LAUNCH NEW, HOSPITAL-LED PROGRAMMING IN THIS AREA DURING THE CURRENT CYCLE. FMDH OFFERED SIX CHILDBIRTH EDUCATION CLASSES AND MONTHLY OB/NEWBORN PRE-REGISTRATION OPPORTUNITIES. WE PROVIDED THE NURTURING NOOK AT THE NEMT FAIR TO ALLOW FOR A PRIVATE, CLEAN & COOL PLACE FOR MOTHERS TO NURSE OR PARENTS TO CHANGE DIAPERS. ALSO, WE PROVIDED CHILD SEAT SAFETY CHECKS AND DISTRIBUTED FREE CAR SEATS/BOOSTER SEATS TO ELIGIBLE FAMILIES VIA A 2024 AAA CHILD PASSENGER SAFETY GRANT.

6. TOBACCO USE (RANKED 3rd) - EXISTING TUPP, QUIT LINE, AND SCHOOL PROGRAMS ALREADY COVER CESSATION AND PREVENTION; WITH LIMITED ADDITIONAL CAPACITY, THE ADVISORY COMMITTEE PLACED THIS BELOW OUR SELECTED PRIORITIES. FMDH CONTINUES TO HAVE A RESPIRATORY REHAB PROGRAM THAT INCLUDES SMOKING CESSATION AND IS ALSO INCLUDED IN SUBSIDIZED HEALTH SERVICES. WE ALSO OFFERED FREE NARCAN TRAINING BUT NO ONE PARTICIPATED.

7. RESPIRATORY DISEASE (RANKED 14th) - COPD/ASTHMA HOSPITALIZATION RATES IN THE SERVICE AREA ARE LOWER THAN STATE AVERAGES, AND MAJOR DRIVERS (TOBACCO, AIR QUALITY) OVERLAP WITH OTHER PRIORITIES. LIMITED RESOURCES AND LOWER RELATIVE BURDEN LED THE COMMITTEE TO DEFER FOCUSED RESPIRATORY-DISEASE INITIATIVES. FMDH CONTINUES TO OFFER A RESPIRATORY REHAB PROGRAM THAT INCLUDES SMOKING CESSATION WHICH IS INCLUDED IN SUBSIDIZED HEALTH SERVICES.

8. SEXUAL HEALTH (RANKED 10th) - SEXUAL HEALTH EDUCATION AND STI SERVICES ARE COORDINATED BY COUNTY PUBLIC HEALTH NURSES AND TRIBAL CLINICS. CULTURAL CONSIDERATIONS AND THE AVAILABILITY OF SPECIALIZED PROGRAMS INDICATE A LOW INCREMENTAL IMPACT FROM HOSPITAL LED EFFORTS IN THE CURRENT PLAN. TWO PRACTITIONERS FROM FMDH GAVE TALKS ON HYGIENE AND PUBERTY TO THE 5TH GRADERS AT IRLE SCHOOL, AND THEY DISTRIBUTED HYGIENE KITS.

9. INJURY & VIOLENCE (RANKED 13th) - THE ADVISORY COMMITTEE DETERMINED THAT PRIMARY PREVENTION OF INJURY AND VIOLENCE IS BEST ADDRESSED BY LAW ENFORCEMENT AND COMMUNITY COALITIONS. FMDH'S ROLE REMAINS CLINICAL TREATMENT; LIMITED RESOURCES AND LOW ABILITY TO INFLUENCE UPSTREAM FACTORS PRECLUDE A DEDICATED HOSPITAL INITIATIVE. FMDH CONTINUES TO COORDINATE RESPONSE EFFORTS WITH THE LOCAL LAW ENFORCEMENT ENTITIES THROUGH AN ANNUAL DRILL. THE PEDIATRIC WELLNESS EXAMS INCLUDE QUESTIONS ABOUT FIREARMS IN THE HOME. WELLNESS EXAMS INCLUDE VIOLENCE RELATED QUESTIONS REGARDING IF THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PATIENT FEELS SAFE IN THEIR HOME AND WE WILL MAKE THE NECESSARY REFERRALS BASED ON THE RESPONSE. THE WELLNESS EXAMS ALSO INCLUDE SCREENINGS OF SEATBELT/RESTRAINT USE FROM NEWBORNS TO THE ELDERLY. WE ALSO HELD A SHRED SAFE SAFETY EVENT TO DISCUSS DIFFERENT TYPES OF SAFETY GEAR AND FACILITATE HELMET SAFETY CHECKS.

10. DISABLING CONDITIONS (RANKED 8th) - LONG TERM MANAGEMENT OF DISABLING HINGES ON SOCIAL SERVICE NETWORKS, HOUSING, AND STATE POLICY. WITH LIMITED RESOURCES AND MINIMAL LEVERAGE OVER THESE DETERMINTS, THE COMMITTEE CONCLUDED FMDH HAS A LOW CAPACITY TO EFFECT CHANGE IN THIS AREA DURING THIS CYCLE.

11. ORAL HEALTH (RANKED 7th) - FMDH DOES NOT PROVIDE DENTAL SERVICES, AND PRIVATE DENTISTS/PUBLIC HEALTH DENTAL PROGRAMS SERVE THE COMMUNITY. ADVISORY COMMITTEE MEMBERS RATED ORAL HEALTH A LOWER PRIORITY RELATIVE TO MENTAL HEALTH, HEART DISEASE, AND DIABETES GIVEN LIMITED HOSPITAL CAPACITY TO INTERVENE DIRECTLY. DURING PEDIATRIC WELLNESS EXAMS AT FMDH, THERE ARE CONVERSATIONS ABOUT FLUORIDE SUPPLEMENTS AND DENTAL CARE, AND WE WILL REFER TO THE VALLEY COUNTY HEALTH DEPARTMENT FOR FLUORIDE VARNISH WHEN APPROPRIATE.

Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 24
Some services provided by the hospital are considered elective. Elective services are not eligible for financial assistance thus a person qualifying for a discount for medically necessary services may need to pay full price for elective services.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7g - Subsidized Health Services Explanation

THERE IS NO COST OF BAD DEBT TO REMOVE FROM THE COMMUNITY BENEFIT EXPENSE IN COLUMN C.

Part I, Line 7 - Costing Methodology Explanation

USED ADJUSTED COST TO CHARGE RATIOS FOR PATIENT CARE FROM THE MEDICARE COST REPORT, ADJUSTED FOR BED TAX AND COMMUNITY BENEFIT. BAD DEBT EXPENSE AND FINANCIAL ASSISTANCE ARE ALREADY EXCLUDED FROM THE MEDICARE COST REPORT.

Part III, Line 2 - Bad Debt Expense Methodology

THE ORGANIZATION'S PATIENT CARE COST TO CHARGE RATIO, AFTER ELIMINATING BAD DEBT EXPENSE, FINANCIAL ASSISTANCE, BED TAX, AND COMMUNITY BENEFIT EXPENSE IS APPLIED TO GROSS BAD DEBT CHARGES, NOT INCLUDING IMPLICIT PRICE CONCESSIONS, TO ARRIVE AT THE COST OF BAD DEBT. DISCOUNTS AND IMPLICIT PRICE CONCESSIONS REDUCE REVENUE AND ARE NOT RECORDED AS BAD DEBT. PAYMENTS RECEIVED ON PREVIOUSLY WRITTEN OFF ACCOUNTS ARE RECORDED AS RECOVERIES OF IMPLICIT PRICE CONCESSIONS OR BAD DEBT, WHICH REDUCE IMPLICIT PRICE CONCESSIONS OR BAD DEBT EXPENSE. PATIENT OBLIGATIONS WHICH QUALIFY FOR FINANCIAL ASSISTANCE ARE NOT RECORDED AS IMPLICIT PRICE CONCESSIONS OR BAD DEBT EXPENSE.

Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements

THERE WERE NO BAD DEBT EXPENSES RECORDED AND THEREFORE NO RELATED FOOTNOTE AFTER ADOPTING THE NEW REVENUE RECOGNITION GUIDANCE IN FASB ASU 2014-09. MOST TRANSACTIONS WHICH PREVIOUSLY WOULD HAVE BEEN RECORDED AS BAD DEBT EXPENSE ARE CLASSIFIED AS IMPLICIT PRICE CONCESSIONS WHICH ARE RECORDED AS REDUCTIONS IN REVENUE VERSUS BAD DEBT EXPENSE. NOTE 4 OF THE AUDITED FINANCIAL STATEMENTS DISCUSSES IMPLICIT PRICE CONCESSIONS ON PAGE 18.

Part III, Line 8 - Medicare Explanation

THERE IS A MEDICARE SHORTFALL SINCE CRITICAL ACCESS HOSPITALS ARE REIMBURSED 101 PERCENT OF COST FROM MEDICARE, LESS THE 2 PERCENT SEQUESTRATION ADJUSTMENT. MEDICARE COSTS ON PART III, LINE 6 ARE DIRECTLY FROM THE MEDICARE COST REPORT. MEDICARE REVENUE ON PART III, LINE 5 IS DIRECTLY FROM THE MEDICARE COST REPORT.

Part III, Line 9b - Collection Practices Explanation

THE ORGANIZATION USES A SLIDING SCALE BASED ON FEDERAL

Part VI Supplemental Information

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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

POVERTY GUIDELINES, COMBINED WITH AN ASSET TEST AND A MEDICALLY INDIGENT TEST REGARDLESS OF INCOME, TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE. THE ORGANIZATION DOES NOT ATTEMPT TO COLLECT CHARGES APPROVED AS FINANCIAL ASSISTANCE. FOR PATIENTS THAT HAVE HAD A PORTION OF THEIR ACCOUNT WRITTEN OFF AS FINANCIAL ASSISTANCE AND THAT LATER DEFAULT ON THE PORTION THAT WAS DETERMINED TO BE THEIR RESPONSIBILITY, AND THEREFORE IS NOT CONSIDERED FINANCIAL ASSISTANCE, THE ORGANIZATION DOES ATTEMPT TO COLLECT THIS BALANCE.

Part VI, Line 2 - Needs Assessment

PURSUANT TO THE PROVISIONS OF THE AFFORDABLE CARE ACT, FRANCES MAHON DEACONESS HOSPITAL COMPLETED A COMMUNITY NEEDS ASSESSMENT AND IMPLEMENTATION PLAN DURING FISCAL YEARS 2019, 2022, & 2025 (TAX YEARS 2018, 2021, & 2024). THESE ASSESSMENTS ARE LOCATED ON THE ENTITY'S WEBSITE. HOWEVER, FRANCES MAHON DEACONESS HOSPITAL (FMDH) HAS TRADITIONALLY INCLUDED COMMUNITY NEEDS ASSESSMENTS IN ITS PLANNING FOR MANY YEARS AND UTILIZES MANY METHODS OF ASSESSING THE PATIENT SERVICES NEEDS FOR OUR SERVICE AREA. THESE INCLUDE BUT ARE NOT LIMITED TO: ANALYSIS OF OUTMIGRATION STATISTICS OBTAINED THROUGH ACCESS TO THE COMDATA DATABASE PROVIDED THROUGH THE MONTANA HOSPITAL ASSOCIATION AND MODELING OF PATIENT TO POPULATION RATIOS TO IDENTIFY AND PLAN FOR THE APPROPRIATE PHYSICIAN/PRACTITIONER MIX TO SERVE THE COMMUNITY. IN ADDITION, FMDH PARTICIPATED IN AN AREA HEALTH EDUCATION CENTER LEAD COMMUNITY HEALTH SERVICES DEVELOPMENT ASSESSMENT. IDEAS GENERATED OUT OF EACH OF THESE EFFORTS ARE THEN EVALUATED AS TO THE CAPABILITIES OF OUR ORGANIZATION TO DEVELOP IDENTIFIED SERVICES. MINIMUM CRITERIA FOR DEVELOPMENT OF NEW OR MODIFICATION OF EXISTING SERVICES ARE: THE NEW OR MODIFIED SERVICE CAN REASONABLY FINANCIALLY SUPPORT ITS OPERATION; WE HAVE OR CAN ACQUIRE THE NECESSARY PERSONNEL WITH THE CREDENTIALS TO DELIVER THE SERVICE AND RETAIN ENOUGH PERSONNEL WITH THE REQUIRED SKILL SETS TO AVOID INTERRUPTION OF SERVICE DELIVERY IF SAID PERSONNEL TURN OVER; THE SERVICES CAN BE DELIVERED IN A MANNER THAT ACHIEVES APPROPRIATELY HIGH LEVELS OF PATIENT SATISFACTION.

Part VI, Line 3 - Patient Education of Eligibility for Assistance

FRANCES MAHON DEACONESS HOSPITAL EMPLOYS A FINANCIAL COUNSELOR WHO HAS THE SOLE RESPONSIBILITY TO WORK WITH PATIENTS TO NAVIGATE OUR FINANCIAL

Part VI Supplemental Information

Provide the following information.

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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ASSISTANCE PROGRAM. ALL PATIENTS ARE SENT INFORMATION AT THE INITIAL BILLING FOR DELIVERED PATIENT SERVICES THAT DESCRIBES OUR FINANCIAL ASSISTANCE PROGRAM. OUR WEBSITE HAS INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM ALONG WITH ACCESS TO THE APPLICATION. FRANCES MAHON DEACONESS HOSPITAL ALSO EMPLOYS A STAFF MEMBER THAT IS A CERTIFIED APPLICATION COUNSELOR THAT HELPS COMMUNITY MEMBERS WITH APPLYING FOR INSURANCE AND MEDICAID ON THE MARKETPLACE.

Part VI, Line 4 - Community Information

FRANCES MAHON DEACONESS HOSPITAL IS LOCATED IN GLASGOW MONTANA WHICH IS OVER FOUR HOURS HIGHWAY TRAVEL TIME AWAY FROM ANY TERTIARY MEDICAL CENTER. WHILE OUR PRIMARY SERVICE AREA CONSISTS OF GLASGOW MONTANA AND VALLEY COUNTY, OUR FACILITY AND SPECIALTY SERVICES ALSO DRAW FROM PORTIONS OF THE SURROUNDING COUNTIES OF DANIELS, ROOSEVELT, AND PHILLIPS. THE AREA IS PRIMARILY AGRICULTURAL BASED WITH LOW POPULATION DENSITIES WHICH HOUSES A TOTAL POPULATION OF 24,119 RESIDENTS OVER 13,847.41 SQUARE MILES. THE DIFFERENT AGE GROUPS OF THE SERVICE AREA ARE AS FOLLOWS: 27.4% ARE INFANTS, CHILDREN OR ADOLESCENTS AGES 0-17; ANOTHER 54.2% ARE AGES 18 TO 64, WHILE 18.5% ARE AGES 65 AND OLDER. THE POPULATION IS MOSTLY WHITE, BUT PORTIONS OF OUR EXTENDED SERVICE AREA HAVE HIGH POPULATIONS OF NATIVE AMERICAN ANCESTRY (30.9% IN THE TOTAL SERVICE AREA) TO WHICH WE PROVIDE SERVICES. THE STATISTICS PROVIDED ABOVE ARE BASED ON THE US CENSUS BUREAU AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2018-2022).

Part VI, Line 5 - Promotion of Community Health

FRANCES MAHON DEACONESS HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF. WE ARE GOVERNED BY A VOLUNTARY BOARD OF COMMUNITY PERSONS REPRESENTING MOST OF THE INDIVIDUAL TOWNS OR GEOGRAPHICAL AREAS OF OUR PRIMARY SERVICE AREA. FOR NONELECTIVE SERVICES, WE TREAT PATIENTS WITHOUT REGARD TO ABILITY TO PAY, CONSISTENT WITH OUR ORIGINS AS A HILL BURTON FUNDED FACILITY. ALTHOUGH OUR HILL BURTON OBLIGATION WAS SATISFIED MANY YEARS AGO, WE STILL ADHERE TO THE PRINCIPLES INHERENT IN THAT OBLIGATION. SURPLUS FUNDS ARE RETAINED WITHIN THE ORGANIZATION TO ASSURE FULFILLMENT OF OUR CHARITABLE MISSION BOTH IN THE PRESENT AND IN THE FUTURE.

Part VI, Line 6 - Affiliated Health Care System

FRANCES MAHON DEACONESS HOSPITAL PROVIDES HOSPITAL INPATIENT AND OUTPATIENT SERVICES. GLASGOW CLINIC INC PROVIDES PROFESSIONAL PRIMARY CARE PHYSICIAN,

Part VI Supplemental Information

Provide the following information.

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MIDLEVEL PRACTITIONER, SPECIALTY PHYSICIAN, AND RETAIL PHARMACY SERVICES.

Additional Information

PART I, LINE 6A: THE FORM 990 SCHEDULE H IS CONSIDERED AN ANNUAL COMMUNITY BENEFIT REPORT AND IT IS AVAILABLE TO THE PUBLIC ON OUR WEBSITE.

PART 1, LINE 7e: FMDH CONDUCTED A NEW CHNA, HELD CPR/AED/FIRST AID CLASSES FOR THE GENERAL PUBLIC, CONTRIBUTED TO THE VALLEY COUNTY SCHOOL SNACK PROGRAM, SPONSORED A HEALTHY MENU TIP WEEKLY IN THE GLASGOW COURIER, AND HELD FREE BLOOD PRESSURE SCREENINGS. WE OFFERED EMT CLASSES, SAIL AND STEPPING ON CLASSES, CAR SEAT SAFETY CHECKS, AND HYGIENE & PUBERTY TALKS. WE SPONSORED A DISPLAY AT THE CHILDREN'S MUSEUM, A SUICIDE PREVENTION HOCKEY TOURNAMENT, A MENTAL HEALTH AWARENESS WALK, BLOOD DRIVES, VALLEY COUNTY BACKPACK PROGRAM, AND CAMP MED PROGRAM. WE RAN ADS FOR SHRED SAFE, WIC ELIGIBILITY, NARCAN TRAINING, OB PRE-REGISTRATION, PRENATAL CLASSES, AND VALLEY COUNTY POOL CAMPAIGN. WE SPONSORED DANCES AND A COMMUNITY GARDEN AT PRAIRIE RIDGE, SKATEBOARDS, UPKEEP FOR THE WIX WEBSITE, COMMUNITY INTEGRATED HEALTH VISITS, AND STANDBY EVENTS.

PART I, LINE 7i: FMDH CONTRIBUTED TO VALLEY VIEW HOME, CITY OF GLASGOW'S RECREATION DEPARTMENT, AND THE VALLEY COUNTY POOL CAMPAIGN.

PART V: GLASGOW CLINIC INC IS A SEPARATE ORGANIZATION THAT IS A RURAL HEALTH CLINIC WHICH INCLUDES SPECIALTY PHYSICIAN PRACTICES AND A RETAIL PHARMACY. FMDH WHOLLY OWNS AND MANAGES THIS ENTITY AND SUBSIDIZES THE PHYSICIAN PRACTICES AS NEEDED TO ASSURE ACCESS TO AS FULL OF A SCOPE OF SERVICES AS IS APPROPRIATE GIVEN THE NEEDS OF THE COMMUNITY WE SERVE. GLASGOW CLINIC'S REVENUES AND EXPENSES ARE NOT INCLUDED ON FMDH'S FORM 990.